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CONFIRMATION NO. 8652

SERIAL NUMBER 10/517,072	FILING OR 371(c) DATE 05/10/2005 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. H01.2-11733
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/06433 06/18/2003

**** FOREIGN APPLICATIONS *******

GERMANY 10245274.1 09/27/2002

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

490

TITLE

Dental masking product for teeth and gum

FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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